

THE KNIGHTS TEMPLAR EYE FOUNDATION, INC.

To be a Life Sponsor Mail this form with your contribution to the address below.

Name of donor: _____

Address: _____ Phone Number _____

City: _____ State: _____ Zip: _____

If donor is a Sir Knight, please give:

Commandery Name: _____ No.: ____ State: _____

Please apply my donation as follows: (place an X in the appropriate box)

\$30.00 - Life Sponsor (For Sir Knights only)

\$50.00 - Associate Patron (Available to Foundations, Corporations, or Individuals)

\$100.00 - Patron (Available to Foundations, Corporations, or Individuals)

Memorial Contribution (Please fill out information below for a memorial)

This Gift is given to the Knights Templar Eye Foundation, Inc. (Amount: \$ _____)

In remembrance of: or in the honor of: _____

Please notify: _____

Address: _____

City: _____ State: _____ Zip: _____

If a Commandery is to receive credit, please give:

Commandery Name: _____ No.: ____ State: _____

The Knights Templar Eye Foundation, Inc. for its charitable program, regardless of the form which your gift may take, the proper words to be used on any gifts or checks is: **The Knights Templar Eye Foundation, Inc.**

Please **DOWNLOAD THIS FORM** and send with your contribution to:

The Knights Templar Eye Foundation, Inc.,
1033 Long Prairie Road, Suite 5
Flower Mound TX 75022-4230

Phone Number - 214-888-0220 / Fax Number - 214-888-0230

E-Mail Manager@KTEF.US